



FA Compensation Plan Acknowledgement

I have received my copy of the 2007 Financial Advisor Compensation Plan ("Plan") and understand it is my responsibility to read it and understand its contents. I agree that I will be bound by the terms of the Plan. I understand that notwithstanding the Plan, I am and will remain an at-will employee, which means that either I or UBS can terminate my employment at any time, for any or no reason, with or without advance notice.

Employee Name

Eliot Cohen

Employee Signature

A stylized handwritten signature in dark ink, appearing to be "Eliot Cohen".

Date

4/3/7

Please return this signed acknowledgement to your Branch Management team.

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